CONFIDENTIAL
Voluntary Medical Background Form for a Surrendered Newborn
Michigan Family Independence Agency

Preference for Child's Name	Date of Birth

Where was the child born?	Sex

SURRENDERING PARENT BACKGROUND (Optional)

Name	Date of Birth	Phone Number

Address

Race	Height	Weight	Hair Color	Eye Color

Any Family History of:	Yes	No	
Sickle Cell Disease	☐	☐	
Heart Disease	☐	☐	
Diabetes	☐	☐	
Cancer	☐	☐	→ If Yes Type _____
Genetic Disease	☐	☐	→ If Yes Type _____
HIV	☐	☐	
Hepatitis	☐	☐	
Family History of Mental Illness	☐	☐	→ If Yes Explain _____
Drug or Alcohol Usage	☐	☐	→ If Yes Explain _____

Surgical History

OTHER PARENT BACKGROUND (Optional)

Name	Date of Birth	Phone Number

Address

Race	Height	Weight	Hair Color	Eye Color

Any Family History of:	Yes	No	
Sickle Cell Disease	☐	☐	
Heart Disease	☐	☐	
Diabetes	☐	☐	
Cancer	☐	☐	→ If Yes Type _____
Genetic Disease	☐	☐	→ If Yes Type _____
HIV	☐	☐	
Hepatitis	☐	☐	
Family History of Mental Illness	☐	☐	→ If Yes Explain _____
Drug or Alcohol Usage	☐	☐	→ If Yes Explain _____

Surgical History

INFORMATION ABOUT THE PREGNANCY

Length of Pregnancy	Weight Gain	Drug or Alcohol Use During Pregnancy
	Lbs.	☐ Yes ☐ No, If yes, Explain

EMERGENCY SERVICE PROVIDER OBSERVATIONS

Comments

_____

_____

ESP Signature	Date	Phone Number

Address:	City	State	Zip Code

GENERAL INSTRUCTIONS

PURPOSE OF FORM:
The Emergency Service Provider (ESP) is encouraged to obtain the child's family medical history with the understanding that the surrendering parent may still remain anonymous. Completion of the family medical history **is very important** for the current and future health needs of the child.

The Emergency Service Provider should assist the surrendering parent by reading and recording information provided by the surrendering parent about the maternal and paternal family medical history.

INFORMATION ABOUT THE CHILD:

- Ask the surrendering parent if there is a preferred name for the child. If not, record Baby Boy/Girl Doe.
- Enter the child's date of birth.
- Identify the city and state where the child was born. Describe the place of birth: house, motel, etc.
- Sex of child

PARENT INFORMATION:

- The name, date of birth, phone number and address of the surrendering or non-surrendering parent is **not** required.
- The parent should be encouraged to identify as much medical information as is known and provide details where requested.
- The parent profile information of race, height, weight, hair color and eye color is information that the child may want at a future date and should be obtained if the parent is willing to disclose.

INFORMATION ABOUT THE PREGNANCY:

- Encourage the surrendering parent to provide this minimal information about the pregnancy.

EMERGENCY SERVICE PROVIDER OBSERVATIONS:

- Record information observed or discussed with the surrendering parent.
- Sign and date.
- Provide address and phone number.

FORM DISTRIBUTION:

- Original is given to the child-placing agency for adoption planning.
- The ESP should copy and retain per agency protocols.

AUTHORITY: State P.A. 232 of 2000 RESPONSE: Voluntary PENALTY: None	The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.